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### **Abstract**

This paper draws on post-structural feminist theories of emotion to explore the significance of leisure within women's narratives of recovery from depression. I engage with the stories of 48 women in rural and urban Australia to identify the gendered discourses governing depression and recovery. Leisure figured as a site of identity transformation where women enacted creative, embodied, and connected subjectivities. The performance of gender through leisure enabled women to practice a different ethic of care for self and, hence, different relations of care for others. These stories make visible the cost of women's emotion work by identifying how negotiations over leisure and the embodiment of emotion play can facilitate recovery in ways that biomedical treatments cannot.

The critique of gender norms must be situated within the context of lives as they are lived and must be guided by the question of what maximizes the possibilities for a livable life, what minimizes the possibility of an unbearable life, or indeed, social or literal death. (Butler, 2004, p.8)

Understanding what constitutes a more liveable life for different women is a socio-political issue that has resonated through the feminist scholarship within leisure studies. Butler's (2004) crucial question about gender norms has informed my exploration of embodied affect, or emotion, within leisure practices that women have identified through their narratives of recovery from depression. To inquire sociologically into the possibilities women may have beyond the debilitating effects of depression, is to examine how gendered power relations play out through emotional lives and opportunities for leisure (Ahmed, 2004; Aitchison, 2003; Lupton, 1998; Wearing, 1998). This article draws on a post-structural feminist framework to theorize select findings from a qualitative study of forty eight Australian women who self-identified as recovering from depression. I sought to extend the insights of previous leisure research that has identified the significance of social support, coping, and buffering effects of leisure for mental health and emotional wellbeing (Dupuis & Smale, 1995; Iso-Ahola & Park, 1996; Iwasaki, 2003; Iwasaki, Mannell, Smale, & Butcher, 2002; Kleiber, Hutchinson, & Williams, 2002; Lee & Shafer, 2002). In addition, my research goes beyond the positivist approach of much of the sports science and psychology literature that examines the relationship between exercise and mental health (Faulkner & Biddle, 2004).

My aim is somewhat different to this literature in presupposing that a gendered analysis of leisure and emotion is central to a critical understanding of women's lives.

Hence, I built on the feminist leisure literature that has explored the gendered significance of women's participation in relation to mental health and emotional wellbeing (Fullagar & Brown, 2003; Henderson & Ainsworth, 2002; Hood, 2003; Kay, 2000; Ponde & Santana, 2000; Shannon & Shaw, 2005; Wearing, 1990). I also drew on critical insights from the sociology of health and feminist work on the gendered phenomenon of depression. Depression is predicted to be the second greatest global health problem by 2020 and is currently one of the major issues affecting women (World Health Organisation, 2000). Within western societies women's depression has been discursively constituted as a biomedical (i.e., related to hormones and chemical imbalances) or psychological problem of women's emotional make up (i.e., sensitivity or inability to cope; Stoppard, 2000). Although competing discourses about depression exist, a dominant notion of recovery has been articulated in terms of individualised treatment pathways that are predominantly pharmacological (e.g., anti-depressants) and psychotherapeutic (e.g., cognitive behaviour therapy; (Healy, 2004).

Within this interdisciplinary context leisure research can make a critical contribution to the development of different epistemological frameworks for understanding depression and recovery as a gendered and historically located phenomenon. In developing this approach I focused on the gendered experience of emotion to move beyond the oppositions of psychology and sociology, individual and social meaning, alienated or authentic selfhood, and mind and body. These dualisms have informed much of the knowledge produced about leisure and mental health. For example, a growing literature identifies the psychological benefits of leisure in relation to the leisure coping and stress buffering roles of individual and social activities (Caldwell, 2005; Craike & Coleman, 2005). These quantitative studies

provide a useful “evidence base” for articulating the benefits of leisure to the major mental health disciplines through the shared framework of positivist research. This knowledge contributes to the body of expertise that informs intervention and prevention initiatives targeted “at” or focused “on” women as a high risk population (Fullagar & Gattuso, 2002). Yet this approach avoids any discussion of the power-knowledge relations of research that position women as objects of expertise rather than as experts about their own lives. The positivist paradigm also perpetuates a research tradition that is based on unacknowledged masculine norms about mental illness that feminists have identified as historically gendered (Ussher, 1999).

Qualitative leisure researchers examining the experience of rehabilitation and recovery have started to explore questions of identity and social relations. Kleiber et al. (2002) suggested that the experience of transformation has been neglected due to an emphasis on the restoration of that which has been lost. These authors importantly highlight the role of “emotion focused coping” within the process of transformation. Along with a range of writers on positive psychology (e.g., Csikszentmihalyi & Csikszentmihalyi, 1988; Seligman, 1990), Kleiber et al. identified how positive emotions provide a restorative break, small successes and hope that can help in thinking about recovery from losses associated with depression. These experiences can also lead to more “serious leisure” investments that maintain wellbeing and prevent relapse through supporting the continuity and renewal of self. Kleiber et al.’s focus on the use of language as a means of facilitating self-transformation demonstrates how alternative stories of self can be constructed apart from a dominant illness narrative. This constructionist approach provides new avenues for leisure research. However, it falls short of offering insights into how gender and power are implicated in stories of transformation. This omission is significant because women

are both constrained and enabled through the cultural stories about gender and leisure that they tell about themselves ( Fullagar, 2002; Shogan, 2002;Wearing, 1998}.

A presumption within conventional psychological approaches is that identity, while malleable, is one dimensional. Thus, the process of recovery or transformation is closely aligned with the pursuit of an authentic self. Post-structural researchers argue that the highly individualized quest for authenticity “within oneself” sets women up for failure and limits the ways subjectivity is lived (Blum & Stracuzzi, 2004; Cruikshank, 1996). Moreover, constructions of “leisure coping” can minimize the agency that women exercise in constituting a range of meanings about recovering from depression. These meanings may go beyond the binary relations of depression-recovery, illness-cure, and pathology-normality. Rose (1990; 1999) argued that within neo-liberal societies psychology has become one of the most dominant discourses urging people to understand and act upon “inner” subjectivities in ways that constitute particular kinds of freedom. In this sense, freedom is not something to be “found in the self” through leisure. Rather, it is produced through particular social processes and institutional arrangements that shape self-knowledge and thus emotional life.

### Rethinking Depression and Emotion

In rethinking the emotional experience of depression and recovery I drew on post-structural approaches that theorize emotion as social, relational, and embodied rather than as an individual sensation that is an aspect of the subject’s psychological interiority. Drawing on the work of French feminist Kristeva (1989), I argue that leisure can be understood beyond the biomedical function of an anti-depressant. Instead, leisure can work as a “counter-depressant” embodying particular transformative affects, and effects, in relation to gender norms. Leisure experiences can embody different intensifications of emotional relations such as joy, care,

pleasure, fear, love, anger, and boredom. Yet, the focus on the experience and social regulation of emotion in leisure contexts is relatively new (Wearing, 1998). In contrast to the emotion work implicated in depression, leisure was identified in my research as a site through which “emotion play” enabled the performance of different relations to self and with others.

By considering what emotions “do”, Ahmed (2004) explored how, “Emotions shape the very surfaces of bodies, which take shape through the repetition of actions over time, as well as through orientations towards and away from others” (p. 4). Emotions are implicated in the performance of self and social relations in ways that exceed and often disrupt the rationalist belief of a self-knowing and masterful subject. The subject does not always know how she feels and emotions reveal the social norms and discourses that shape self-other understandings (Ahmed). From this perspective depression can be understood as an intensification of emotional distress that arises from the performance of particular gender norms that regulate women’s everyday lives. For example, the performance of women’s emotion work in the labor market and in the caring relations of families and heterosexual couple relationships is often invisible, unrecognized, and yet expected as a “natural” aspect of femininity (Hochschild, 1990; Strazdins & Broom, 2004). Australian research has identified the cost to women’s health of gender inequities in emotion work undertaken by women in families with small children. Women did more emotion work than their male partners, and in relation to a gendered construction of emotional difference demonstrated increased psychological distress and depression (Strazdins & Broom). Emotions are significant in the repetition of gender relations that regulate feminine subjectivity as women are related to, and relate to, themselves through such norms. The relationships that women have with themselves as feminine subjects is also mediated by what



feminists have termed, after Foucault, the masculine gaze (Gremillion, 2001). Women have been constituted as objects of masculine ways of seeing/valuing that have historically inferiorized femininity as essentially weak, dependent, and emotional. Such constructions invite, seduce, and intimidate women into governing their own emotions through these essentialized norms. Yet, as Butler (2004) and Ahmed argued, power is negotiated through the body and emotions can destabilize fixed notions of gender identity. These post-structural ideas informed the direction of the research project as we asked how women, through leisure engage in different kinds of emotion work and emotional relations that enable transformation.

#### The Women's Recovery from Depression Research Project

The research was designed as a pilot project for a larger qualitative study and was conducted in the third largest city in Australia and a rural center in NSW/Victoria (population of 90, 000) to explore women's experience of recovery from depression as they defined these terms themselves (i.e., no diagnostic criteria was used to screen participants). The project used a qualitative methodology within a conceptual framework informed by post-structural feminism, and hence, embraced a reflexive understanding of the researcher's position within the research relationships and "writing" of other women's stories (Dupuis, 1999; Mauthner & Doucet, 2003). Hence, this article offers an interpretive reading of the narratives women shared with our team in this particular research encounter and acknowledges the mediating influence of our own theories and biographies as central in writing research accounts. The research team was comprised of three women academics and three women research assistants from two different universities with some members having personal experience of depression and recovery. My own role in the team has been as a researcher who did not self-identify as depressed. Rather, I came to recognize the

significance of the issue through previous youth suicide research and personal contact with others. In this way a range of interpretive insights were brought to bear on the research process, conceptual analysis, presentation of conference papers, and the facilitation of several community research forums during 2004-2005. Consequently, I drew on the collaborative project but developed my own specific analysis of the relations between depression, leisure, and embodied affect.

Forty eight women participated in focus groups or individual interviews where semi-structured questions were used along with a short questionnaire to gather background information on age, relationship status, episodes of depression, and use of professional services. A convenience sample was used and participants were recruited through fliers sent in the communities, medical services, and within the two universities along with local contacts in each location and announcements in the local papers. We specifically targeted women of different ages and sexual orientations to get a sense of the complex way in which gender norms play out through different subject positions (Olesen, 2003).

Participants came from different social backgrounds, but were mostly Anglo-Celtic, occupations (i.e., 32 currently in paid employment), parental status (i.e., 36 were mothers, 19 still had children living at home), and experiences with depression (i.e., some were self diagnosed, most professionally diagnosed with post-natal, mild, moderate, severe & several with bi-polar depression). The 24 rural and 24 urban participants differed with respect to age (20-66 years) with the average age being 48 years. Related to sexual orientation, 40 women identified as heterosexual and eight as gay/lesbian/queer (three urban and five rural). Of the 46 women who stated how many times they had experienced depression in their lives, 24 had depression three times or

more, 15 had it 2-3 times and 7 had it once. The age of onset of depression varied from age 5 to 62 years.

Nine focus groups (i.e., five urban, four rural) and seven individual interviews (rural) were conducted by the research team in each location using an open style of facilitation. Women were asked questions relating to the onset of depression, recovery practices used, changes noticed in self, and gender issues that need to be addressed in society. Leisure was used as a prompt word (e.g., what recovery practices did you use relating to work, leisure, or family?). This approach maintained the flow of conversation and attended to the complex meanings associated with recovery. Some methodological differences existed between the sites with those in the rural sample spending more time discussing issues specific to their location (e.g., lack of support and health services, isolation, confidentiality, cost) and less on leisure than the urban participants. As a result, 35 (i.e., 16 rural and 19 urban) out of the 48 women talked about leisure practices in their recovery. Other rural and urban differences were minimal except for comments about rural leisure opportunities being limited in relation to available services, a stronger sense of community networks, and greater access to the natural environment. Participants either chose their own pseudonym or asked us to do so. Copies of transcripts were sent to participants to ensure reliability and to enable women to change any comments that they did not wish to be included, which was a requirement of the University Human Ethics Committee. Several transcript errors were corrected by participants, but no content related material was altered.

The first phase of analysis involved using an Nvivo qualitative software program to develop a coding framework that was piloted by each researcher, revised collectively, and implemented by one research assistant to ensure consistency. In

addition, each transcript was read by each researcher to identify themes within the narrative context of the interviews as a method of analytic triangulation (Ussher, 1999). These two dimensions of analysis enabled a summary of findings to be produced and presented to women participants and other interested parties in both the rural and urban locations. The ensuing public discussion both confirmed the key themes we identified and also raised points of difference in relation to individual constructions of personal and social narratives about recovery from depression. This issue of the politics of interpretation highlighted to us the power-knowledge relations implicit in all research despite claims that may be made about validity, trustworthiness, or dependability. Hence, we did not claim to “find” the truth of all women’s experiences, but rather to identify the gendered power relations and norms that affected women collectively, albeit in different ways (Butler, 2004; Stone, 2005).

As a means of furthering this post-structural research approach, I developed another level of analysis that focussed on the language used within women’s stories (e.g., discourses, narrative forms and metaphors). This process involved paying attention to the interpretive repertoires women used to articulate the meaning of recovery in relation to depression, including how the interview “texts” about leisure and recovery women were spoken (e.g., statements, silences, tone and emphasis; see also Mason, 2002; Moulding, 2006). An inter-textual process was used to read theoretical and everyday texts together to produce new ways of thinking about the discursive and embodied meanings about depression and recovery (Mason; Stoppard, 2000). While other researchers in the team faced the issue of how they did or did not personally identify with the women’s depressive experiences, I was faced with trying to make sense of this emotional distress as an outsider with limited embodied knowledge. Yet, the interview process of listening to women’s stories enabled a

sense of closeness to the experience that highlighted the significance of emotions. Over-identification with participants was avoided by paying attention to the language of depression and recovery that enabled women to speak through their embodied emotions. The experience of being a woman researching women's experiences helped to create rapport. However, acknowledging the diversity among women based on class, ethnicity, sexuality, biographical disruptions (e.g., childhood sexual abuse, grief), and motherhood status was important, structured our difference, and thus limited representational claims of knowledge "about" all women's lives and leisure (Ussher, 1999).

### Women's Stories of Depression and Recovery

In the second half of this article I discuss several major themes and sub-themes that arose from an interpretation of the research findings within the literature. First, I considered how the gendered expectations surrounding the performance of womanhood (i.e., in particular superwoman) contributed to the experience of depression as crisis of feminine identity. Second, I discuss the theme of how women felt their way through depression using leisure based recovery practices. The sub-theme of women's complex sense of entitlement to leisure is identified here. The third section explores the theme of how women developed a playful relation to self through leisure in terms of the sub-themes of friendship, creativity, and active embodiment. Although the conceptual analysis is interwoven throughout the whole discussion, the final section concludes by identifying the major theoretical and practical aspects of this research.

Confirming what the depression literature commonly identified, women in this study described their depression as the culmination of a number of life events and/or injustices over time (Commonwealth Department of Health and Aged Care, 2000;

France, Lee, & Powers, 2004). What is often less well identified in research and policy is that women's experiences of depression are mediated by gender norms that govern the domestic, sexual, and caring responsibilities expected within neo-liberal societies. Phyllis (urban) made this point, "I think a lot of being a woman is that you often have a lot of responsibility and no control. I think that's what I learnt at my mother's knee." Women spoke of how they felt emotionally overwhelmed or numbed whether this developed slowly over time or was brought on by a crisis. Depression disrupted their familiar sense of identity and ability to conduct their everyday lives. Depression was often articulated through a range of metaphors that described its affective power to immobilize women's desire to act and often the will to live. These metaphors often evoked self-loathing and deep isolation: "black and gloomy," "in a prison," "dragging yourself through life," "the world is your fault," "everything takes on a different colour and tone," "lack of clarity, an overwhelming sense of weight," and "it's like pulling a blind down in your brain, tunnel vision and earmuffs, and all that's inside is you and crap, nothing else gets in." In this way women used the language of depression to articulate an embodied emotional crisis of identity and meaning in their lives.

#### *Depression: A Crisis of Feminine Identity*

Carolyn (rural) pointed out the profound effect that such feelings can have as they erode women's sense of self worth by saying, "You become withdrawn and you lose confidence in yourself." Like most of the women in the study Anya (urban) talked about her depression through the language of a crisis of self:

I was constantly sad and then I realized that I had lost my identity. I didn't know who I was, I didn't know what I wanted. I saw myself through the eyes

of my husband. So if he was happy with me I was happy with myself. If he was disgusted with me I was disgusted with myself. And that's how I lived for about ten years.

Anya specifically described the loss of a feminine identity. This crisis was produced through a relation to her self that was, in turn, mediated by her husband's masculine gaze and intensified by a clash with his Yugoslavian values when they fled to Australia after war broke out. Her value as a woman was measured against the heteronormative ideal that positions "the good woman" primarily in terms of her adherence to the self-sacrificing wife, mother or daughter (Ussher, 2004). These subject positions are inferiorized through a masculine/feminine dualism that defines women as other to, and dependent upon, the masculine norm (Butler, 2004; Irigaray, 1993). Studies have explored women's depression as a loss or crisis of self that is connected to the cultural value and gender positions produced within what Irigaray called a phallogocentric economy of desire and affect (Hetherington & Stoppard, 2002; Jack, 1991; Kangas, 2001; Mauthner, 2003; McMullen, 2003; Nicolson, 2003; Rowe, 2004; Scattolon & Stoppard, 1999; Vidler, 2005). From this perspective depression manifests as an effect of the emotional relation to self that is produced through a highly judgemental scrutinizing relation that can rarely be appeased or enable the positive valuing of feminine autonomy. Wolf (urban) also talked about this gendered emotional relation to self:

We are more self-critical, guilt ridden, and supposed to be of use to others and always cheerful. I think it's the things put on women to be inauthentic, always to be cheerful, never angry, never frown, always make everyone else feel good... to be in balance to be real and successful, and it builds up and builds

up and the sadness and bits of anger you don't show, which boys can show,  
build up into this huge depression which bowls you over.

Women identified a dominant subject position in their frequent discussions about the emotion of guilt that arose when they were trying to do everything well and become the good woman.

*Performing Superwoman: Doing it All*

The discursive figure of superwoman is another normative iteration of the good woman ideal with which women grappled. Rhonda (rural) linked depression to the expectation that women have an endless capacity to “do” for others. She said, “Women, especially at the moment, are being asked to do all these things at once, or they have an expectation that they should be able to do them all. But in fact, just being a woman is a very complex thing to do.” In contrast to most women who discussed the social context of their depression, several women considered their depression to be solely biological and thus, best treated with anti-depressant medication. These competing biochemical and social discourses of depression can either make the gendered context of women's lives visible or invisible, amenable to change, or essentially given in nature. Biochemical discourses can close off more critical understandings of identity by promoting a functionalist ideal in which women's recovery becomes solely a form of coping through anti-depressant use. Yet, we can see in the comment below that even when biochemical explanations of depression dominate, other leisure related discourses of recovery can open up questions about the exercise of agency. This important conceptual point describes how different recovery practices work to compete, intersect, and contradict one another by opening up a space for rethinking the nature of depression itself. Eve spoke about how her depression was “purely chemical” because she had a “perfect life with no childhood



problems.” She then talked about mobilizing her leisure time to recover a space away from the performative expectations of superwoman to care for herself:

I get up at 6 o’clock every morning and make sure I do my exercises and that’s my time for myself...I’m going back to freelance work... I am able to keep everything in perspective easier because I am a control freak as well. Yeah, just that balance, it is a continual struggle because you know your husband has to have time for himself and you need to give everything that you possibly can to your kids.

The metaphor of balance used here suggested a counter discourse that challenges the desire to put everything of herself into work and family as a means of being a good woman. Yet, to achieve balance Eve had to fit her leisure into a family schedule that was carefully managed and calculated regarding the use and meaning of time. Rhonda (rural) echoed what a number of working women with families said: “I think the pressure of work and raising a family and having a relationship is very, very difficult.” These demands resulted in little time to care for one’s self through leisure as Fran (rural) said, “I just think it has been ingrained in a lot of women for a long time to be subservient and caring. You are supposed to care about everybody else and you are not supposed to care for yourself.” Leisure offered women time and space to transform their everyday practices of care for others into practices of care for oneself (Foucault, 1990). Next I turn to the theme of recovery and the sub-theme that relates specifically to women’s sense of entitlement to leisure and self care.

### Feeling the Way – Practices of Recovery

Almost all women had consulted medical or psychological professionals about their experiences and many were engaged in “emotion work” in dealing with these feelings to find a new sense of purpose in living (Hochschild, 1990). However, most

women felt that formal treatment for depression was not the only help that enabled their recovery. Of the 35 women who talked specifically about leisure practices, 23 of them described the emotional importance of having either a range of interests or particular pursuits.

Participants generally did not articulate the meaning of recovery through dominant notions of treatment and cure nor did they see it as a linear process of moving through sequential stages as the mental health literature has discussed (e.g., Andresen, Oades, & Caputi, 2003; Ridgway, 2001). The emotions elicited through recovery oriented leisure practices often resulted in different embodied relations (e.g., joy, pleasure, courage, anger) that moved the self in ways that “treatment” could not. All of the women talked about recovery as an ongoing process of finding ways to better understand, live with, and manage the emotions that emerged from expectations and situations. One common thread running through the women’s recovery stories was the desire to become more assertive in their life decisions. Some women left difficult relationships while others took up new challenges in work or leisure, reduced work demands, or tried new experiences and learned more about how they wanted to relate to themselves differently.

The recovery practices adopted by women were significant not because of the “activities” themselves but in terms of the meanings they attributed to their emerging identities. Women talked about how they engaged in leisure “for” themselves (e.g., alone or with others) to deal with multiple pressures and to experience a different sense of self in ways including creative (e.g., art/craft, gardening, writing, reading, music, community theatre, do-it-yourself, self-education), actively embodied (e.g., martial arts, walking, bowls, dance, yoga, tai chi, strength training, swimming, meditation, circus), and social activities (e.g., cafes, friend’s houses, dance courses,

support groups, films, pets, church, helping others). Few women identified organized sport (i.e., bowls for older women was an exception) or outdoor recreation pursuits (i.e., walking was an exception) as part of their recovery, which reflected the pervasive gender differences that shaped these women's leisure choices often in relation to the lifelong effects of depression.

### *Feeling Entitled to Leisure*

One of the most difficult points for women moving beyond depression involved the assertion of a feeling of entitlement to leisure, which was fraught with gendered contradictions. Women's leisure experiences were shaped by specific gender discourses about identity with work/career and motherhood/caring for others being central to the regulation of self and emotions. Recovery involved the renegotiation of gender expectations held by oneself, significant others (i.e., particularly husbands) or more broadly around the heteronormative (Butler, 2004) discourses of womanhood related to age, mothering, marital status, sexual orientation, and balancing work and home life. Ethel used a counter discourse of selfishness to reject the moral discourse of self-sacrificing womanhood by taking leisure time for herself, "I used the selfish word deliberately. Selfish was a bad word in our [childhood] house." Many women spoke about how their anger and frustration with gender inequities clashed with their expectations of being able to make their own choices, which mobilized them into action. Not surprisingly leisure was often a site of conflict over the entitlement to time to care for oneself and the responsibilities of caring for the emotional wellbeing and leisure of others (e.g., children, partners, aging parents). Often women felt their emotion work in families was not visible, which led to them feeling overloaded, guilty, and torn between options rather than entitled to enjoyment and leisure.

An important part of the process of recovery was making emotion work visible to others (i.e., male partners and children). Women claimed a right to enjoy leisure in a way that questioned the guilt and hence “naturalness” of heterosexual norms governing feminine responsibility “for” others. Like many women Kate (rural) identified the guilt associated with refusing to be governed by gender norms that made her always available to others:

I’m trying not to be so hard on myself and just sort of stopping and saying okay, yes I am busy with my career, but I need to do something for me. I need to lay on the couch for the afternoon and read and not feel guilty about it.

For many women depression was something that recurred in their lives and in this study they found ways to deal with the gendered emotional traps associated with the ethic of care (e.g., guilt, perfectionism, over responsibility) to prevent depressive feelings taking over. Feeling entitled to leisure often involved letting go of those feminized emotions associated with not being a good enough woman, and in turn, allowing emotions such as pleasure and joy to also characterize the performance of feminine selfhood. As women enacted different feminine practices they encountered the emotional resistance, or support, of significant others. Husbands, mothers, and occasionally friends could undermine women’s sense of entitlement to leisure through pathologizing discourses. For example, Carolyn (rural) negotiated the gender expectations of new motherhood to experience some leisure time for herself:

I looked at different ways that I could do something to give myself the time. When I initially said that I was going to put her into day care, my husband didn’t agree with it. He said, “Why can’t you look after her, that’s your job?” And he then felt that there was something wrong with me because I wasn’t capable of looking after her. Now he doesn’t mind.

In this instance Carolyn felt entitled to leisure but her male partner did not feel that she was entitled in relation to the performance of motherhood as primarily self-sacrifice in caring for others. He attempted to pathologize her identity through the reference to abnormality that links depression and women, and undermines the right to leisure. Carolyn spoke about how she countered by resisting the dominant discourse of motherhood through asserting the benefits of autonomous leisure for her emotional wellbeing as Wearing (1990) suggested. Over time her husband also valued the positive effects of this leisure time on Carolyn's own emotional wellbeing and thus, his own. New mothers' sense of loss of control over their own time to care for themselves was also identified by Nicolson (2003) as contributing to depression and impeding recovery. The effects of this dominant feminine ethic of care on women's leisure participation has been explored within the literature in terms of physical activity (e.g., Henderson & Ainsworth, 2001; Miller & Brown, 2005) and to a lesser extent emotional wellbeing (e.g., Wearing, 1990).

Even when middle income women had the social resources to enable greater choice, feeling entitled to leisure was problematic. Several middle class women who had strongly identified with their careers and paid work found leisure challenging but also necessary to their recovery. Brigid (urban) had experienced depression for many years while married with children and working full time. Her recovery was linked to her own difficult but "joyful" process of coming out as lesbian in midlife. Yet, she continued to struggle with a work dominated and "other" oriented identity:

Today is the first day of my 12 weeks holiday and that's terrifying because I have never had time off work, even my pregnancies I worked until the day I went into labour... for me to do the things that I really want to do I actually have to stop work. You know that's my source of self esteem, my social life,

my source of independence...but there are things I want to do at home, you see I make quilts and things... I really enjoy like making quilts... and writing...and if I leave the house I feel like I am actually avoiding... doing fun things. I'm not giving myself that pleasure. I am pretending that there is something more pressing to do.

Taking a long service leave holiday at home was for Brigid one way of facing her fear of pleasure and experiencing the intensification of different emotions. Leisure in this instance was both risky and desirable as it generated further uncertainty about Brigid's identity (i.e., as non-depressed), but this step was importantly supported by her female partner and adult children. Such uncertainty revealed how the performance of femininity through work is regulated by neo-liberal discourses of productivity and self-control that move beyond employment to govern women's leisure choices (Rose, 1990). Brigid's performance of (super)womanhood as the highly productive worker and mother was regulated through a gendered discourse of use value to others within family and labor market relations. Taking leisure time for her self opened up different questions about her worth as a woman apart from these dominant ways of valuing feminine subjectivity. Women identified how leisure practices could invoke a playful relation to self that subverted dominant ways of valuing or caring for the feminine self.

### Recovering a Playful Relation to Self

The context of recovery from depression in the literature has been identified through common themes such as the end of stressful life events and occurrence of positive ones, the absence of physical illness or longstanding social difficulties, and presence of crisis support through close confiding relationships (Harris, 2001). Specifically, the importance of "fresh start events" (e.g., new job, relationship, leisure

pursuit) has been recognized along with a perceived change in life that brings new hope and a way forward (Dowrick, 2004). In our research project many women had lost their previous leisure involvement through depression and they either pursued a new experience or resumed favored pursuits. They found ways to overcome the immobilizing effect of depression by taking “safe” risks to step beyond what had become familiar in the often isolated world they had come to inhabit.

In contrast to the emotion work involved in recovery itself and gender relations within the home and paid work, women also spoke of leisure through the language of what I termed “emotion play.” Leisure offered a means of practicing in Foucault’s (1990) sense, “care of the self.” These playful practices embodied an ethos of lightness, letting go, relaxation, and enjoyment in taking time that is also seen in the work of Adams (1997) and Kane (2004). The experience of missing these emotions was something women often mentioned in their desire to recover from depression. As Harpo (urban) said, “I have joined Morris dancing and I don’t know any of the others and it’s fun. I was lacking any fun in my life.” Emotion play was not tied to specific activities but rather to the kind of meaning or ethical relations to self that women performed through leisure with respect to the themes of friendship, creativity and active embodiment.

### *The Social Relations of Friendship*

All women in the study agreed that friendship and social connections were crucial in their recovery, although they had different experiences with mutually supportive relationships and also isolation/disconnection. Friends were talked about primarily as other women and sometimes as supportive male partners. Emphasis was most often placed on enjoyment of the relationship itself, which often involved

engagement in different leisure pursuits. Morgan (urban) commented on the importance of leisurely friendships:

I think a nice friend too, one you can talk to and just have a laugh with and talk about nothing, doesn't have to be something serious you know, just stupid, just kick back and relax and spend time with them and know that they value your friendship and that sort of thing.

Creating a social network was often challenging for women who had moved to different areas. Old and new friends invited women to experience a sense of playfulness and emotional reciprocity that was not always forthcoming within their domestic lives, work places, and heterosexual relationships (i.e., particularly if their male partner was himself depressed). Yet, Morgan (urban) raised an important dilemma for couples who both have depression when she reflected on the importance of her husband's emotional support in dealing with childhood trauma related depression, "Men have to be aware and do their emotional work. They can't leave it up to the woman's girlfriends who don't live with her." The issue of male friendships and a lack of social networks was another issue that influenced women's recovery, although it is beyond the scope of this article.

The creation of one's own "community or family" through chosen friendships rather than families of origin was also mentioned as important by lesbian women. Brigid (urban) described how different groups of friends created the context of a playful belonging for her emerging identity:

We have our lesbian friends over. It is just amazing...the conversations are really important and it can be talking about our own experience of depression. Actually it could be anything, but the thing I notice is that it's hilarious. The ability of gay women to "take the piss" out of themselves is just incredible and



it may have something to do with the fact that everyone has come along exactly as they choose to be.

In this situation Brigid felt her friendships were less constrained by heterosexual norms about femininity, which created a safe space of humorous connection.

Although this comment may suggest lesbian friendships provide ideal support, much remained unsaid about the tensions arising from occupying a marginalized social position. Green (1998) argued that friendship is an important aspect of women's leisure identities and in our research these affective relations often supported women to negotiate autonomy and connection apart from heterosexual norms. Friendships often motivated women to get involved in leisure in the first place, to continue involvement, or supported them to take steps in pursuing other leisure practices. Franca (rural) talked about the important friendship ritual of playing bowls that helped her in retirement:

You have got to have a purpose and that is the only way you get out of the house and if you haven't got that thing, like Lynda said, because we play bowls together. If I didn't have to get up because I know I am going bowling, I wouldn't get up, I wouldn't do anything....If I knew I didn't have to go bowling, I'd stay home...once you go you enjoy yourself.

### *Re-creating the Self*

For many women recovery was linked to a sense of creativity, which they articulated as finding a voice and space for themselves. This creative sense of self manifested in pursuits such as journal writing, poetry, story telling, writing letters to newspapers or friends, art classes or art at home, appreciating the beauty of nature, and performing in community theatre or the local circus group. Krys (rural) stated that art was central to her recovery:

I'm only sane and logical for one reason...I do art and I paint and I draw and I just block the world off and I do it and so that is a marvellous thing...I also get frustrated because I would like to take art classes and I would like there to be funding for art classes because I know it just helps people mentally. You don't have to be an artist.

Krys valued art for the space it created for her to play with another sense of self at any time of the day or night, which helped counter the difficulties of early waking and negative thinking. As a mother of several children with disabilities, Ethel (urban) emphasized the social relations of the art class that allowed her to exist without judgement:

I actually said to my husband, do you mind if...I join this art group it's going to be the whole of Wednesday. I actually used to call this day my "selfish day" so that was a day when nothing else happened...I've got to get back again because I've lost it. That's been a great source of frustration actually, that was a real release...nobody judged you for who you were and no-one cared about what your kids were like... just having a good time, enjoying myself, enjoying the painting and I used to absolutely love it.

Ethel felt compelled to ask her husband's permission to attend the class and had actually dropped it because of encroaching commitments. Yet, in the interview she spoke of how important it was for her to be involved again.

### *Embodying a Vital Self*

Participants spoke through an embodied language of leisure when identifying how they felt invigorated and reconnected with the world through the senses. This feeling was also a realization of their own physicality and vitality that they had lost with depression. Twenty three women identified a range of pursuits. One third

mentioned walking outdoors and martial arts (e.g., tai chi, tai kwon do, karate), one quarter mentioned yoga, mediation, and gardening, and several mentioned swimming, gym, lawn bowls, and dancing. What women of different ages, for example, said about the significance of gardening in their leisure lives provided a metaphor of care for the self in relation to nature. A young sole mother of three, Hyacinth (urban), talked about her newly discovered pleasure in the garden as it created a stable sense of home:

I've just started getting into the garden. Because I'm living in public housing now, it's the longest I've ever lived anywhere and I'm starting to feel stable because I have developed a garden and planted trees. I'm starting to learn that feeling that people say about being in your garden, what pleasure there is in it.

Gardens were also described in terms of duty when women were incapacitated by depression. For those women with an interest in gardening it was an emotionally sustaining and engaging relation to nature. The meaning of gardening was articulated through metaphors of play, lightness, the senses, noticing change, renewal, creative design, and freedom to be oneself apart from gender expectations. Panther (urban), a mother of adult children, also used a regenerative metaphor in saying, "I love gardening too. I love it with a passion. I just love it. I've always loved it. The pleasure you get from growing things and seeing them grow, it's just wonderful." The intensity of feeling produced by particular leisure experiences was identified as significant in women's sense of being able to recover an "ethic of enjoyment." In this sense enjoyment was the embodied relation of a playful care for the self where women could step beyond limited gender norms through establishing a reciprocal relation of care for the "other" (i.e., the growth of nature). No recipe for recovery was found

within these stories, but women emphasized developing their lifelong interests and choosing new leisure experiences as long as joy did not turn to duty. Eve (urban) commented on the need to change activities to renew the value of enjoyment, “Yes just different things that I haven’t done before and then maybe I’ll go back to something that I used to enjoy see if I like that again.”

In these examples of creative, social, and active leisure, women identified the metaphoric nature of emotion play that enabled them to step outside themselves for a while as they practiced a different relation of self-care. Leisure experiences produced significant emotions in the women’s stories that informed a “metaphoric mediation of self” (Kjolsrod, 2003). In a sense the boundaries governing self and others were played with through the negotiation of a different ethic of care. In this way leisure was a practice that constituted and transformed the self in subtle ways. This idea stands in contrast to psychological notions of a recovery or restoration of a true or authentic self. A playful relation to self moved women away from the often self-punishing, self-blaming relations that contributed to depression and the sense of personal failure to live up to social ideals of motherhood and womanhood (Abrams, 1997).

#### Discussion and Conclusion: Leisure as a Counter Depressant

By asserting their sense of entitlement to leisure women embodied experiences that allowed them to feel their way through recovery and also to rethink the impossible demands others placed upon them and that they placed on themselves. As a site of playful relations leisure enabled a different performance of identity as women recognized that the uncertainty of recovery was also part of the process of refusing who they had been told they should be to become someone “other” (Foucault, 1990). This result did not mean an escape from gendered power relations that defined the self but rather a subversion and transformation of the norms that attempt to fix the truth of

womanhood. For Phyllis (urban) this sense of transformation involved a profound shift in her relational sense of gender identity:

I have never had a depression like that since, nor have I ever had the same relationship with men since. All of that has changed.... I can't surrender myself completely without having some sense of myself in it all. So that has been a long process of learning really who I am. And so I tend to write, I meditate daily, I exercise regularly, I know it is all part of balance... not so much being a control freak, but...just living life as pleasure.

In the broadest sense, leisure as it was interconnected with everyday life was part of women's resistance to limiting gender norms about feminine worth, success, and value. Yet, resistance was not always a conscious nor oppositional relation to others but often involved changing the rules that governed how women valued themselves and hence, the unfolding direction of their lives (Shaw, 2001; Wearing, 1998). Leisure can open a host of relations to self even within one experience (e.g., guilt, pleasure, autonomy and connectedness) that disrupt the fixity of singular (e.g., illness) focused feminine identities. This research suggested that researchers need a more nuanced means of analyzing how women resist the regulatory effects of gender discourses and power relations through mobilizing certain emotions that open up a different performance of subjectivity. Theorists should, however, be cautious of romanticising leisure and conflating women's resistance with a voluntaristic notion of the subject as authentic and free from "repressive" power.

These glimpses into women's lives revealed how leisure experiences can open different relations to self where women learn, embody, and practice self-care within the gendered context of everyday life. The emotion play of leisure involved the performance of an identity that was not entirely trapped by gender expectations and

thus, generated hope that there was life beyond depression. Leisure enabled women to exercise a sense of entitlement to play with possibilities of becoming a feminine self that is defined beyond masculine oriented subject positions (e.g., wife, mother, daughter) and normalized ideals of superwoman. These definitions require the continual performance of other oriented emotion work.

Exploring what emotions “do” in women’s leisure lives offers a means of theorizing the social and embodied processes that shape the complex and contradictory experiences of subjectivity and change (Amhed, 2004). Recognizing the powerful role of emotion in social relationships and gendered contexts is also important in questioning dominant models of subjectivity that privilege rationality, singularity, and psychological notions of inner truth. Paying attention to the embodied affective qualities of leisure also requires different theoretical approaches that move beyond representative models of knowledge as reflective of objective or subjective truth. Emotion is a complex aspect of social life that is crucial to understanding how leisure choices are made in ways that enhance and inhibit the exercise of freedom. Even for women in this research who had the material resources to access leisure opportunities, issues of guilt, fear of pleasure, and thus a problematic sense of entitlement relating to the right to enjoy one’s life existed. Literature focuses on the negative implications of a feminized ethic of care, but little research addresses how women start to practice caring for themselves, and by extension others in their lives, differently. For the women in this study recovery involved setting new boundaries for self and others through leisure.

Leisure provided a safe way to practice care of the self as embodied, emotional, and reflexive. A playfulness with self was often mediated by friendships where the demand to define oneself as attached to children or male partners was

altered and support was reciprocal. Play has an emotional quality that invites joy, being in the moment, and a letting go of the tyranny of self-surveillance and punitive internal narratives that bind the feminine self to masculine values attached to the “good woman” (Abrams, 1997). Emotion play is not a mere escape or trivial activity. Rather, emotion play is crucial to opening the metaphoric movement of identity that enables different desires and feelings about self in the world that are alive, vital, and becoming. In this research the emotion play of leisure figured in the prevention of another recurrence of depression through the creation of new habits of self-management and self-care. Hence, leisure can be understood as a counter-depressant that opens up different experiences of self that exceed the medical relation of treatment prescribed through pharmacological and talking therapies (Kristeva, 1989).

Certain limitations, however, are found in this research. I have largely focussed on the positive effects of leisure in women’s recovery, yet there were also stories about struggles with drinking, drug taking, over or under eating, gambling, and abusive relationships that were not fully explored. As a pilot study this research was also limited by the methods that were employed. Focus group discussions only enabled some exploration of leisure, which was compounded by differences relating to health services within the rural communities. The study, thus, offered a glimpse into the significance of emotions within women’s recovery from depression and was also reflective of the sample that was a largely middle to lower income group of white Australian women.

Although dismissing biomedical and psychological approaches to the treatment of depression would be unwise, a need exists for more interdisciplinary understandings of the emotions and gendered contexts that mobilize women’s recovery. One of the major themes within the depression literature (e.g., Beals &

Peplau, 2005; Dowrick, 2004; Harris, 2001; Harris, Brown, & Robinson, 1999) that most closely relates to findings within leisure research on mental health and feminist theory describes the significance of social support in reducing the risk of depression and its recurrence. The emerging literature on leisure and recovery (e.g., Hood, 2003; Kleiber et al., 2002) also points us toward the need for further exploration of how leisure is implicated in the transformation of self and the emergence of new narratives of womanhood. However, little exploration has addressed the social significance of emotions in relation to leisure within narratives of recovery from depression or other experiences. Leisure offers a means of understanding how the gendered nature of emotion work and emotion play of everyday life are negotiated and discursively regulated. This idea challenges essentialist notions of emotions as inherent in biology or personality that privilege fixity rather than examining possibilities for social and individual transformation through the analysis of power relations. Further research, professional and community collaborations are needed that enable different ways of understanding and responding to the impending “epidemic of depression.” Recent interdisciplinary research papers have been published focusing on active leisure and lifestyles (Henderson & Bialeschki, 2005), yet developing a leisure research focus on critical connections between gender and mental health is further needed.



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